

**GRANT APPLICATION**

**Associate Information**

Full Name: \_\_\_\_\_ Employee ID: \_\_\_\_\_  
*Last First*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Facility/ Store Location: \_\_\_\_\_

**If Applying on behalf of Another Associate, please describe your relationship to the associate:**

\_\_\_\_\_  
*(ie: manager, co-worker, HR Representative, family/friend, other)*

**Indicate the Type of Assistance Requested**

- |   |   |
|---|---|
| <input type="checkbox"/> Illness or Injury                        | <input type="checkbox"/> Unemployment   |
| <input type="checkbox"/> Natural Disaster (hurricane, flood, etc) | <input type="checkbox"/> Homelessness   |
| <input type="checkbox"/> Death of an Immediate Family Member      | <input type="checkbox"/> Domestic Abuse |
| <input type="checkbox"/> Military Deployment                      |   |

**What is the Reason for your request for assistance? Please provide details about qualifying event and how this event impacts you/the applicant financially.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any other assistance you/the application have applied for, are receiving or have received for this event (e.g. insurance, American Red Cross, Salvation Army, food pantry, etc.)

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Explain in detail how you/the application will use the grant funds if received.

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**Declaration and Signature**

*By submitting this application, under penalty of perjury, I declare, to the best of my knowledge and belief, that (i) the above stated information is true and correct and (ii) because of the circumstances described in this application, I or the applicant is experiencing a severe financial hardship. Additionally, I authorize the Staples Share Fund to use this information and other information that it may collect in determining my qualifications for receiving a grant, including disclosing such information to others as necessary outside of the Staples Share Fund. If I am applying on behalf of another associate. I agree not to disclose the fact that I applied to the Staples Share Fund on behalf of such associate to others outside of the Staples Share Fund. I understand that funding from the Fund is not guaranteed or a specific benefit of my employment. Any grant, if made, is from the Staples Share Fund and not Staples, Inc. I certify that if a grant is received it will only be used for my expenses incurred in connection with the situation described in this application. I authorize the Staples Share Fund to disclose my name and grant amount, if a grant is issued, in furtherance of its purposes and legal requirements.*

*By signing this form, you acknowledge that applying based on false pretenses, or submitting false or inaccurate information, can subject you to employee discipline, up to and including termination.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Send completed form to the Staples Share Fund by Fax at (508) 382-1544, email at [StaplesShareFund@staples.com](mailto:StaplesShareFund@staples.com) or by mail to:

Staples Share Fund  
500 Staples Drive  
Framingham, MA 01702

The Staples Share Fund will not consider incomplete applications. Financial assistance is at the discretion of the Staples Share Fund, Inc. and is not a benefit of employment by Staples, Inc.